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A Five-Year Program  
for the  
Committee on the  
Grading of Nursing Schools



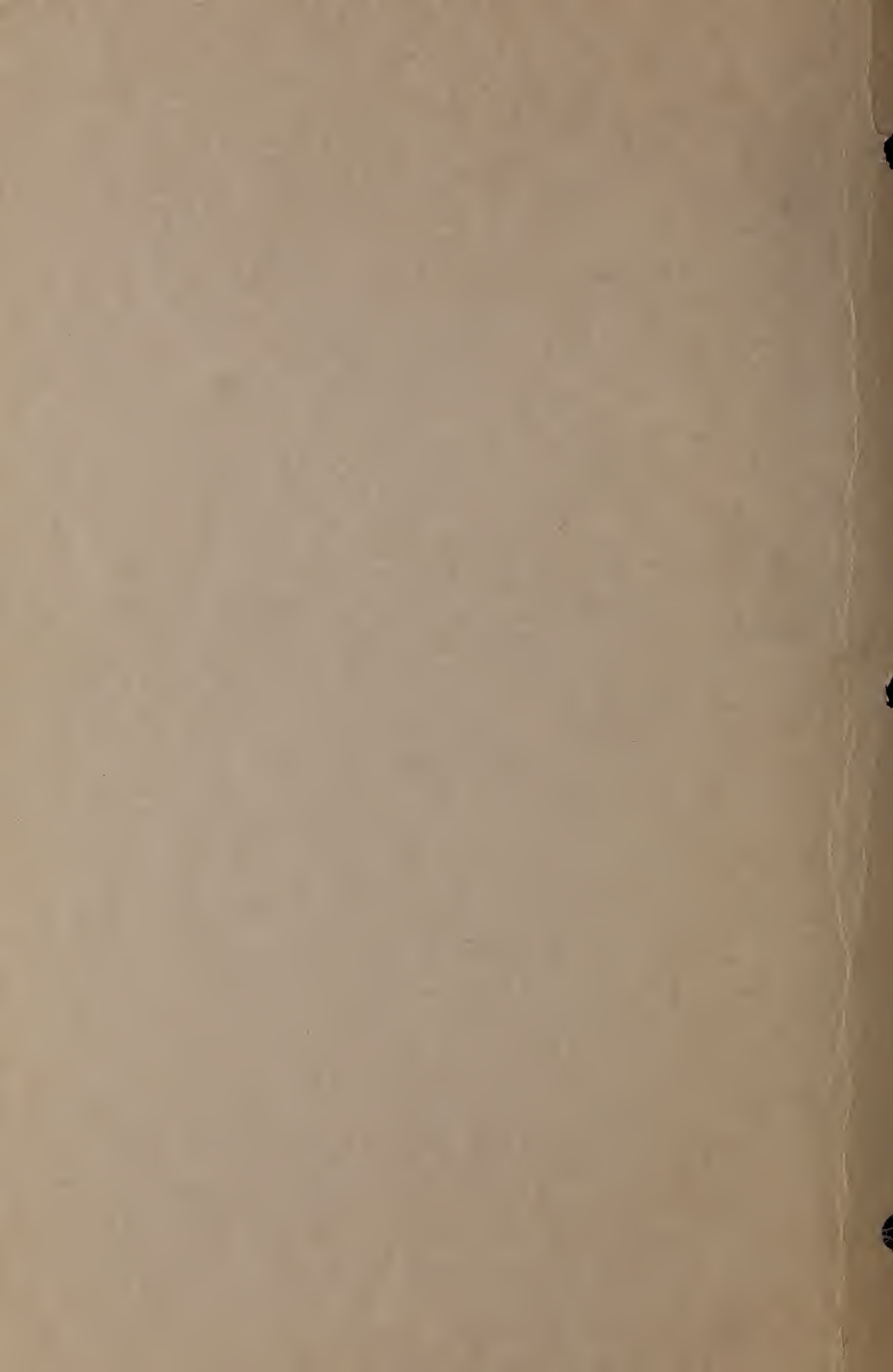
With the Compliments of the Committee

# A FIVE-YEAR PROGRAM FOR THE COMMITTEE ON THE GRADING OF NURSING SCHOOLS

*Plan and Budget Submitted by*  
MAY AYRES BURGESS, DIRECTOR

Adopted by the Committee November 18, 1926  
370 SEVENTH AVENUE, NEW YORK CITY

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NOTE: This manuscript was submitted by Dr. Burgess to the members of the Committee on the Grading of Nursing Schools, and after long and careful discussion was adopted by them as the official program. As soon as this action had been taken, the Committee voted that the program be printed, and sold at cost, to any interested purchaser. The Committee holds itself free to make changes in these plans whenever they seem desirable; but if important changes of policy are made, they will be given full publicity. The Committee plans to keep its cards on the table, face up.



## COMMITTEE ON THE GRADING OF NURSING SCHOOLS

WILLIAM DARRACH, M.D., *Chairman*, 437 West 59th Street, N. Y. City

MAY AYRES BURGESS, Ph.D., *Director*, 370 Seventh Avenue, N. Y. City

Janet M. Geister, R. N., *Nurse Consultant*

### MEMBERS

#### The National League of Nursing Education:

ELIZABETH C. BURGESS, R.N., *Assistant Professor of Nursing Education, Teachers College, Columbia University*, 525 West 120th Street, New York City.

LAURA R. LOGAN, R.N., *Dean, Illinois Training School for Nurses*, 509 South Honore Street, Chicago, Illinois.

#### The American Nurses' Association:

HELEN WOOD, R.N., *Director, Rochester University School of Nursing*, Crittenden Boulevard, Rochester, N. Y.

SUSAN FRANCIS, R.N., *Superintendent, the Children's Hospital of Philadelphia*, 18th and Bainbridge Streets, Philadelphia, Pa.

#### The National Organization for Public Health Nursing:

KATHARINE TUCKER, R.N., *General Director, Visiting Nurse Society*, 1340 Lombard Street, Philadelphia, Pa.

GERTRUDE E. HODGMAN, R.N., *Assistant Professor, School of Nursing, Yale University*, 62 Park Street, New Haven, Conn.

#### The American Medical Association:

WILLIAM DARRACH, M.D., *Dean, College of Physicians and Surgeons, Columbia University*, 437 West 59th Street, New York City.

WINFORD H. SMITH, M.D. (Alternate), *Director, The Johns Hopkins Hospital*, Baltimore, Md.

#### The American College of Surgeons:

MALCOLM T. MACEachern, M.D., *Associate Director, American College of Surgeons*, 40 East Erie Street, Chicago, Ill.

ALLAN CRAIG, M.D. (Alternate), *Associate Director, American College of Surgeons*, 40 East Erie Street, Chicago, Ill.

#### The American Hospital Association:

JOSEPH B. HOWLAND, M.D., *Superintendent, Peter Bent Brigham Hospital*, 721 Huntington Avenue, Boston 17, Mass.

WILLIAM H. WALSH, M.D. (Alternate), *Executive Secretary, American Hospital Association*, 18 East Division Street, Chicago, Ill.

#### The American Public Health Association:

CHARLES-EDWARD A. WINSLOW, D.P.H., *Professor, Public Health, Yale University*, New Haven, Conn.

LEE K. FRANKEL, Ph.D. (Alternate), *Vice-President, Metropolitan Life Insurance Co.*, 1 Madison Avenue, New York City.

#### Members at Large:

MRS. CHESTER C. BOLTON, *Representing the Patient and the Hospital Trustee, Franchester Place*, Richmond Road, South Euclid, Ohio.

HENRY SUZZALLO, Ph.D., *Formerly President, University of Washington*, Box 641, University Station, Seattle, Wash.

SAMUEL P. CAPEN, Ph.D., *Chancellor, University of Buffalo*, Buffalo, New York.

EDWARD A. FITZPATRICK, Ph.D., *Dean, Graduate School, Marquette University*, 115 Grand Avenue, Milwaukee, Wis.

W. W. CHARTERS, Ph.D., *Professor of Education, University of Chicago*, Chicago, Ill.

NATHAN B. VAN ETEN, M.D., *General Practitioner*, 300 East Tremont Avenue, New York.





## FOREWORD

The future of the nurse is of interest to others than the nurse herself. For many years the problems of her education, her economic condition, her field of endeavor, her relations to the doctor, the hospital, the individual patient and the public at large have been studied by individuals or committees representing the different groups of interested people. It became more and more evident that wider and more rapid progress in the solution of these problems might be made by cooperative effort.

With this idea in mind, the American Medical Association appointed a committee whose duty it was to confer with representatives of the National League of Nursing Education, which had for some time been working on the problem, to devise a combined method of attack. As the result, a conference was held of the representatives of the various national organizations and a plan of action agreed upon. This plan was to form a commission or a committee made up of official representatives of these various associations interested in nursing, who as a group should make an intensive study of the whole problem. Such a committee was then formed by each of the following national organizations appointing their official representatives:

1. The National League of Nursing Education.
2. The American Nurses' Association.
3. The National Organization for Public Health Nursing.
4. The American Medical Association.
5. The American College of Surgeons.
6. The American Hospital Association.
7. The American Public Health Association.

These representatives have added to their number six members at large representing the fields of general education, the public, and the general practitioner.

At the first meeting of the Committee on the Grading of Nursing Schools it became evident that if the grading was to be done wisely and fairly it should be based on the knowledge of how the different schools were educating their nurses. This in turn required a knowledge of what a nurse should know in order to practice her profession. To determine this it seemed necessary to understand just what the public needed and demanded in the way of nursing service. Therefore, the Committee realized

that if they were to grade efficiently they must first assemble a good deal of information which did not seem available. Most of the individual members of the Committee had definite opinions but were unable to produce much tangible evidence or detailed information.

In studying such a complex problem, no matter how frequently a Committee made up of active, busy individuals may meet, progress will be very slow unless they avail themselves of the services of a staff who are devoting all their energies to that one problem. It was decided, therefore, to appoint an Executive Secretary or Director who should be enabled to assemble a staff of individuals properly trained to carry on such investigative work. It was felt that the qualifications for such a position should be training and knowledge in the field of investigative work rather than a specific experience in either medicine, hospital administration or nursing. It was believed that in this way a more unprejudiced attack on the problem could be made.

The object of such a composite Committee should be to make a careful, detailed, unbiased study of the situation and then to make a definite recommendation in order that the various parent organizations might take whatever action they deemed best in the light of such information. The Committee itself should have no directing or punitive function.

A definite plan of attack has been carefully worked out and adopted by the Committee and is here presented as a formal five-year program. The various steps outlined may have to be amended as the work proceeds, and the Committee should be free to re-arrange the work as experience may prove wise. Whenever results warrant, they should be published and presented to the parent organizations and others interested in this subject.

A satisfactory solution of such an intricate problem can only be reached by the patient cooperative effort of all those concerned, each group trying, with trustful confidence, to understand the peculiar needs, difficulties, and opportunities of the other.

WILLIAM DARRACH, M.D.

*Chairman*

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# A FIVE-YEAR PROGRAM FOR THE COMMITTEE ON THE GRADING OF NURSING SCHOOLS

MAY AYRES BURGESS

## QUALITY, QUANTITY, AND COST

The Committee on the Grading of Nursing Schools is the outgrowth of two distinct movements—one on the part of nurses to improve the quality of nursing, and the other on the part of doctors to increase the quantity. These two interests are not, of course, mutually exclusive; and in any given discussion they will both receive consideration; but by and large it seems fair to say that in the years immediately preceding the formation of the Committee, nurses had been most interested in problems of quality and doctors in problems of quantity.

In the nursing profession there has been a plan for many years of making a study and waging a campaign which should result in raising the educational standards of schools of nursing. The underlying assumption has been that the rank and file of nurses are inadequately prepared for their work, and that proper care for the patient demands better educational preparation. This belief is expressed through a strong tendency toward raising entrance requirements; establishing schools of nursing under educational direction, and sometimes even allying them with universities; revising the curriculum; developing the teaching and application of academic and scientific subjects; improving educational opportunities within the ward; and providing for post-graduate courses. The emphasis has been upon quality.

During the same period in which the nurses have been attempting to raise the educational standards of nursing schools, the doctors have been actively organizing their own committees on nursing education, the chief concern of which has been to devise means for increasing the number of nurses. They have believed that it was more important for every patient to have some sort of



a nurse than for a few patients to have extraordinarily good nurses.

A recent report of the "Special Committee on the Nurse Question" of the Medical Society of the State of New York, reads: "In view of the fact that there is an all too apparent need for more nurses of the bedside type, our conferences discussed the desirability of establishing a course of training particularly suitable for this type, and one which could be provided at comparatively small cost by a number of hospitals unable to conduct a Registered Training School of present standards." Many similar suggestions have been made for revising and simplifying the curriculum, in the hope that lowered standards will increase the number of students. The primary concern of the medical group has apparently been to increase the supply of nursing, even if the academic standards of the schools had to be lowered to do it. Their chief emphasis has been upon quantity.

The Public—less sure and less articulate, but increasingly restive—has added a third element to the discussion. It wants good nursing and plenty of it, but especially it wants a lowering in cost. It wants an ample supply of high grade nursing care, at a price which it can afford to pay.

The Committee on the Grading of Nursing Schools is a co-operative body attempting to solve all three problems. It is a group of nurses, representing the nursing organizations; of doctors, representing the medical organizations; a laywoman, representing the public; and educators to give technical advice on educational problems. The Committee takes its name of "Grading" from the original plan of those who hoped, by grading the schools, to raise their educational standards. As the differences in emphasis have become clear, however, the Committee has interpreted its function broadly. It is interested in quality and quantity and costs. It has, therefore, taken its function to be *the study of ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach.*

The actual grading of schools, that is, is to rest upon a foundation of broad and careful study. Even were quality alone considered, it would probably be impossible to grade the schools wisely without such a background. Grading implies the ultimate adoption of certain minimum standards which must be met if the



school is to harvest crops of graduates properly prepared for nursing. It is impossible to decide what these minimum standards are until we know what qualities the graduates should have; and we cannot know that until we know what they will be called upon to do. So we come back again to the decision already reached by the Committee on the Grading of Nursing Schools, that grading must be founded upon and accompanied by a careful inquiry into the underlying facts of nursing employment.

### A FIVE-YEAR PROGRAM

The Committee now faces the difficult task of defining and limiting its field. There is hardly a phase of nursing which does not have its bearing upon the question. The Committee must choose the few most pressing problems, and, since they are pressing, hope by rapid work to present reasonably truthful, complete, and helpful answers for immediate use.

As a basis for discussion, the following pages outline a program which could probably be completed in five years, at an approximate cost of \$200,000, and which it is believed would make a significant contribution toward the solution of the more important problems in nursing education. The program is divided into three main projects. Each project is carried through the full five-year period, but with emphasis shifting from one to the other.

The first and second years would concentrate on project 1, a study of Supply and Demand of Nursing Service (which involves the question of the nursing shortage, and problems of quantity, quality, and cost) and end with a monograph report on that project. The third and fourth years would follow up on project 1, but concentrate on project 2, a Job Analysis of Nursing and Nurse Teaching (a study, that is, of how nurses are or should be prepared for nursing service), and end with a monograph report on project 2. Project 3, the actual Grading of Nursing Schools, would receive steady attention throughout the first four years, but would become the chief activity of the fifth year, and would in its turn result in a monograph report. It is believed that this plan of taking up one project at a time, carrying it through swiftly to completion, and formulating the results in a printed monograph before concentrating upon the next project, is an economical and effective procedure for the small office.

In discussing the three projects which follow, it should be borne in mind that the first outline of any plan is always broader than can be carried out in practice. The general field must be marked off in advance. As the plan begins to take detailed form, it changes from the general to the particular, and the work is concentrated upon a few fundamental operations. The projects as now suggested for the Grading Committee are so broad in scope as to furnish ample activity for a large and well endowed institution, over a period of many years. It is understood that if the general plan of campaign is approved, the actual operations must be defined and limited to reasonably handleable units. What these actual units should be is not worked out in advance, but must be discovered as the work is in progress. This is true of all plans for research. The preliminary outline is, and must be, broader in its implications than the procedures finally adopted.

For the purposes of discussion and budget planning, the three projects have been thought of as covering a five-year period. This time allotment, however, should not be considered a definite commitment. It seems at the beginning a reasonable guess, but as work progresses it may be found that certain parts can be carried through more quickly, or certain others will take more time, than has been suggested. If funds can be raised to carry the work for five years it seems reasonably probable that the studies outlined here can be carried to a satisfactory conclusion. If, however, the task proves less time consuming than is now thought, or if it is found that parts of the work now planned for successive stages could be carried on simultaneously, it may be possible to shorten the life of the Committee to something under the five-year period.

Similarly, in regard to the methods of study suggested in the following pages, it should be remembered that they represent only a reasonable hope, not a definite determination. The plan offers what seems to be a good experimental approach to the problem. If, later, the Committee finds that radical changes are needed in its method of attack, it should hold itself free to make them. Whatever program is now adopted can at best be only an expression of intention. The Committee may hope the plan it adopts will prove the right and wise one. It may anticipate no radical revisions; but it must not bind itself to any definite promise. It must remain experimental in its attitude.

# PROPOSED PROJECTS—WITH BUDGET AND TIME SCHEDULE

Year and Total Cost	Project 1 Supply and Demand	Project 2 Job Analysis	Project 3 Grading
1927 \$33,000	Study of 7 states. Returns from nurses, doctors, hospitals, patients. Much organization and clerical work. \$18,000	Cooperate in Teachers College study. Include some work for No. 2 in No. 1 and No. 3. \$3,200	Questionnaire on 10 points. All schools. Rank results. <i>Fall, 1927—publish ranks by states.</i> \$11,800
1928 \$34,000	Finish 7-state study. Study local experiments with registries and hourly service. Write, lecture, formulate recommendations. <i>Fall, 1928—publish monograph.</i> \$19,000	Formulate available data as tentative hypotheses. Plan for next year's campaign. \$3,200	Make 2d study. Increase data asked for. Write explanatory articles. <i>Fall, 1928—publish 2d rankings.</i> \$11,800
1929 \$44,000	Follow up. \$3,000	Field work and questionnaires on 2-way study. Many conferences. \$27,600	Make 3d study. Get some material through work on project No. 2. <i>Fall, 1929—publish 3d rankings.</i> \$13,400
1930 \$46,000	Follow up. \$1,300	Finish statistical studies, make local case studies. Formulate philosophy and recommendations. <i>Fall, 1930—publish monograph.</i> \$29,200	Make 4th study—on broad basis. Correlate closely with project 2. <i>Fall, 1930—publish 4th rankings.</i> \$15,500
1931 \$43,000	Follow up. \$700	Follow up. \$8,800	Make 5th intensive study. Compare with 1st. Formulate recommendations and plan for future. <i>Fall, 1931—publish 5th rankings and monograph.</i> \$33,500
Total costs \$200,000	\$42,000	\$72,000	\$86,000

## Project 1—Supply and Demand

The chief reason why the three great national medical organizations were glad to appoint representatives to serve on the Grading Committee was because there is great unrest and dissatisfaction in the medical profession with the present conditions in nursing. This dissatisfaction is expressed in many ways, but it is largely founded upon the fact that doctors in many localities are finding it impossible to secure a sufficient supply of satisfactory nursing service for their patients. The reasons advanced for this shortage are varied and numerous, and some of them probably false, but the conclusion that there is a shortage of some sort seems undeniable. In the public health field, too, the need for an adequate supply of basically educated nurses is becoming increasingly pressing. The medical and public health members of the Committee are charged with responsibility for studying the situation.

The nursing members, on the other hand, are aware that private duty nursing, where the shortage seems to be most felt, is an occupation characterized by serious amounts of unemployment. The conditions of employment, moreover, are unsatisfactory, and there seems to be a tendency for students to avoid entering the field and for nurses who are already in the field to leave it rapidly as they find other methods for self-support. The nurses, like the doctors, feel an obligation to investigate the problem of supply and demand, especially as it relates to private duty nursing.

The question of cost is peculiarly difficult. Full time, day and night private nursing service costs from \$35 to \$112 a week, depending on type and place, and length of working day; and the average patient finds this charge seriously heavy. The nurses who render him this service, however, actually earn surprisingly small amounts in the course of the year. Nursing is so seasonal an occupation, and even at the height of the season is so badly distributed, that large numbers of nurses have annual incomes of less than a thousand dollars. This is a powerful factor in driving good nurses out of private duty into other positions where a regular and reasonably generous pay check every month relieves them from the fear of becoming charity cases when they grow too old to work.

A study is now under way in New York State, dealing with the



economics of private duty nursing. It shows, among other things, that half of the private duty nurses in New York State from whom answers have been received are either definitely intending to leave private duty nursing at the first good opportunity or are seriously considering doing so. The three reasons most frequently given for wishing to leave the field are:

Unreasonably long hours

Inadequate income

Irregular employment

The results of the study were presented at the Atlantic City meeting of the national nursing organizations in May, 1926. They aroused intense interest, and requests are being received from all parts of the country for the Grading Committee to extend these studies to other states.

The inquiry into the economics of nursing in New York State has been made solely by securing reports from private duty nurses. It is believed that not only should similar reports be secured from nurses in other parts of the country, and from public health and institutional as well as private duty nurses, but that at the same time the inquiry should be extended to secure testimony from doctors, from hospitals, from public health administrators, and from patients. Studies based upon the actual experience of the doctor are particularly important, since no solution of the problem is possible until we know what sorts of nursing service he needs for his patients and what difficulties he is actually encountering in securing such service.

#### SCOPE OF FIRST STUDY

The first project suggested for the Grading Committee's program is to make this study. It would be conducted largely by the questionnaire method and would reach private duty, institutional, and public health nurses, doctors, public health men, hospitals, and patients, in perhaps seven or eight different states. The gathering and tabulating of this material would take a little over a year. It would yield not only statistical findings of conditions, but suggestions as to methods by which they might be remedied. The latter part of the second year would, therefore, be spent in studying local experiments which seem to point towards a solution and in formulating a constructive program in the light of those statistical and case studies. The results of the studies and

the suggestions for remedying conditions found should be incorporated in a small monograph, which should be in the hands of the printer before the end of the second year.

The nature of the recommendations put forward in this monograph cannot, of course, be predicted with any certainty. If the studies already made in New York State are typical, the monograph, in addition to presenting the facts concerning the employment of nurses, would in all likelihood need to take up with some care the questions of registries, on the one hand, and hourly service and group nursing in hospitals, on the other.

It may be that one of the most effective ways for providing the nursing service needed might be through the establishment of central registries of a type practically unknown at present. These registries would be under the direction of highly paid, professionally minded nurses. They would be clearing houses for the use of nurses, doctors, public health workers, hospitals, and patients; but they would be more than that. They would provide professional supervision for private duty nurses after graduation; and they would encourage attendance at clinics and institutes, for the improvement of graduate service. They would take all the nursing material available and classify it according to the types of cases which each group of graduates could properly handle. There would be a definite attempt, that is, to provide the doctor with the sort of co-worker he wants, to provide the patient with the nursing care he needs, and to place the nurse in the sort of position where she can do good work and be happy. The growth of great professional registries would seem, from the New York studies, to be a probable development of the future. It remains to be seen whether studies in other parts of the country will bear this out.

The New York State findings have also indicated the possibility that the present waste of nursing skill, resulting from keeping a nurse idle while on duty, is in part responsible for the high cost, and might well be avoided by the use of group nursing in hospitals and by substituting hourly service for twelve or twenty-four-hour service wherever the patient's needs can adequately be met on the hourly basis. Here, again, further study in other states, with reports from doctors and hospitals, as well as from nurses, is needed before definite conclusions can be drawn.

Consideration of the possible remedies for the nursing shortage,



such as reorganized registries, group nursing, hourly nursing, or whatever other experiments are indicated by the findings, should probably be included in the monograph on supply and demand, which would mark the culmination of the first two years of study on the part of the Grading Committee. After the report was published, the work ought not to be summarily dropped. It would arouse, almost inevitably, a large amount of discussion in which the Committee would be called upon to participate. As with each of the other projects suggested, it would be necessary to continue active interest during the entire five-year period. The principal piece of research on supply and demand, however, should be completed within the first two years.

## Project 2—Job Analysis

The project on Supply and Demand is an attempt to study the quantity and types of nursing service needed and where they are to come from. The second problem is one of quality. What is good nursing? Testimony from doctors varies from those who say that "the woman of good intelligence who has passed one year or even six months in the wards of an active hospital is perfectly qualified to nurse any case of typhoid fever or pneumonia that will occur," to those who regard good nursing as often the chief element in cure, and who feel that a good nurse is a gift from Heaven. Some doctors want handmaidens; some, skilled automata; and some, intelligent co-workers. Some say that the nurse is a sort of sub-doctor, who can never develop further; others, that she is of an entirely different breed, belonging to a distinct profession, as does the dietitian or occupational therapist.

Before the Committee on Grading can proceed to assist schools in preparing good nurses, it must discover first, what is good nursing, and second, how can it be taught? The method for doing this is what is known as "job analysis." This means that we discover what a nurse should be like by studying her in action and seeing what she has to do. We list what she does, discover what problems she faces, and learn what she needs to know in order to meet them. When a careful analysis has been made of what the nurse needs to know and be, we then proceed to the second, and far more difficult process of analyzing the elements in the job of teaching her so that she will have these qualities.

## WHAT "JOB ANALYSIS" MEANS

The so-called "Job Analysis" technique is comparatively new in educational administration. It has been used with interesting results in studying the education—among others—of private secretaries, librarians, apothecaries, and school teachers. In the private secretary study, for example, it was felt that if secretarial schools were to succeed in giving employers satisfactory secretaries, the schools must first find out what a private secretary is, and what she has to do.

Accordingly, the day by day and hour by hour activities of many hundreds of private secretaries, in different types of offices, were carefully and minutely listed. The study was made not of what the secretary thought she did, but of what she actually did, and how often she did it. The study included an analysis of what problems the secretary faced, and what she needed to know—or be—in order to solve them.

Finally, this great mass of evidence was sifted and analyzed, to discover by what methods the secretarial school could most quickly and thoroughly prepare the student so that she could do these things and meet these problems effectively. The result of this study will apparently be to throw out of the approved curriculum for secretarial schools much material which students have been taught and for which they have had no practical use after they left school, and to add to it many elements which have been overlooked.

Job analysis has been of particular value in those fields where vocational schools have been founded upon and consequently molded by academic tradition. They have been—many of them—academic high schools, remodeled by inserting some hours of shop or office practice and by copious use of "practical problems" and illustrations in the teaching of the formal subjects. In such schools there are usually as many hours spent in class as in shop; and there is much formal teaching, by lecture and textbook, of material which the student is unable to use after he gets out.

In schools such as these—and most vocational schools conform fairly closely to the type described—an analysis of what the student will actually have to do, and an insistence that non-useful academic teaching be curtailed, may be wonderfully salutary. The people in charge of the schools are—a large proportion of them, anyway—professional educators, steeped in the academic

tradition, and with only a second-hand acquaintance with the occupation for which they are supposed to prepare their students. It is essential that they be helped to think in terms of the job to be done.

#### NURSING SCHOOLS—UNLIKE OTHER VOCATIONAL SCHOOLS

In the education of nurses we have a different situation. It is a type of vocational education, probably unlike anything else of which we have record. "Nursing schools," in the first place, are not schools at all in the sense that most educators use the term. This is illustrated by one of the editorials in a recent issue of *The Modern Hospital*, which begins, "Shall we call them Nurses' Homes or Schools of Nursing?" and seriously discusses the question, pro and con. If we define "teacher" as one whose *main job* is the instruction of students, there are apparently something like 600 of the 1500 schools for which we have records—nearly 40 per cent, that is—who do not have a single teacher in the entire school.

Moreover, in the accepted sense, there are practically no classes. Students are gathered in groups for certain lectures and demonstrations, but most of their time is spent outside the classroom. Two recent incidents illustrate this point. The other day the writer overheard a conversation between two directors of nursing schools—or what public educators would call school principals. Each had recently moved into a large and beautiful new building. Said one, "You lucky woman, you don't know how I envy you!" and turning to the writer she added, "This woman has actually two classrooms, which are to be used for nothing but teaching!"

The other incident occurred in one of the best known schools in New England. In talking to the Director of Nursing the writer asked her, "What, if anything, do the hospital medical staff criticize about your school?" Her answer was, "The thing that makes most trouble is to have the doctor come into the ward and discover that some of the students have gone to class. It simply makes him see red!"

In large numbers of nursing schools it is almost fair to say that, in the traditional sense, there are no teachers, no classes, and no curricula. Students do go through, in many of the better schools, four months of concentrated classroom and textbook work at the very beginning of their training; and after that they have lec-

tures and demonstrations; but most of the three long years of student life are spent not in studying how to nurse, but in actual nursing.

Vigorous attempts have been made by nursing leaders to work out a standard curriculum and course of study. The fact seems to be, however, that the scientific and academic subjects which most readily yield to classroom technique, but which in even the extremely radical plans occupy only one-tenth of the three years' period, are the parts of the curriculum which are most nearly adopted. If the school curriculum, that is, calls for forty-five hours of bacteriology, there is a reasonably good chance that most of the students will get their forty-five hours. But if the curriculum calls for 688 hours of experience in pediatric nursing, the amounts of such nursing actually secured by students in the same school may range from none at all to 2,000 hours. The suggested curricula give small amounts of class work, and large amounts of different sorts and difficulties of ward experience, but in most nursing schools it is only the class work which is standardized, and the greater part of the curriculum remains a desired, but under present conditions apparently unattainable program.

Another fact which strikes the public educator as strange is that there is a remarkably small student body. No one knows exactly how many schools there are in this country. There are about 1,500 for which full details are available in the official nursing directory, and probably several hundred other schools exist. Of the 1,500 for which we have records something like half have an active student body of less than thirty. Many schools, respected in their communities, regularly graduate only one or two students a year. It is with such little isolated groups as these that we have for the most part to deal.

Moreover, in many schools there is no regular time schedule. Students enter whenever they are ready. They work for thirty-six months and are through. After the probationary period is over, it is frequently true that any girl who obeys rules and works hard is practically assured of graduation.

#### LEARNING BY DOING

In spite of the absence of most of those things which the professional educator automatically thinks of when he says "school," the fact remains that many of these nursing schools, in so far as



training students to care for the sick in their own hospitals is concerned, are doing remarkable work. They provide convincing proof of the accepted but rarely practiced educational maxim, "We learn to do by doing."

The system is commonly referred to as "apprenticeship," but it is not really that. In apprenticeship there is usually a beginner assigned to help the skilled workman. It is very nearly a one-to-one relationship. We had it in the old days in medicine, when the medical student cleaned the doctor's office, ran his errands, helped with his cases, and read the doctor's library in his intervals of leisure. Similarly, the law student "read law" by attaching himself to the office of some successful lawyer, making himself useful, and picking up what he could.

Nursing, however, has never been like that. The student nurse does not assist the graduate; she carries the responsibility herself, and instead of having one experienced veteran workman to every beginner, there are many schools with only two or three graduate nurses on the whole staff.

The training is not Lancastrian, or monitorial, where particularly bright students are set to teach their fellows. It seems to consist largely in having a great deal of vitally important work to be done, and in dividing it up among the available workers (who are all students, of course), in such fashion that the easiest jobs go to the least experienced workers and the hardest to the most experienced. The workers are given as much preparation for what they are to do as time permits—and often this is very careful instruction and supervision. If, however, there is great pressure, and little time for teaching, the work still has to be done and done by the students. No matter how difficult the technique or how inadequate the preparation of the students, they must accept the responsibility. There is no reserve corps of experts to call upon. The students are definitely given life and death responsibility, and expected to carry it.

This is Spartan training. The reason why it works as well as it does seems to be that the tasks the students do are real, not faked. They are not "preparing to be nurses," they actually *are* nurses; and they learn their "lessons" with extraordinary rapidity and thoroughness, because if they don't learn, their patients may die.

Were funds and time available it would probably be well worth

while to make careful inquiry into the nature of nursing education, even though there were no question of grading, because of the contribution such a study might make to the wider field of public education. We have here a type of school, different from every other, lacking most of the attributes which are ordinarily considered essential to effective work, and yet doing, and frequently doing well, the job for which it was created. If, by studying what it is that makes the nursing school effective, the Grading Committee can throw light upon the essential nature of learning, it will make an important contribution to the larger body of educational theory.

We have, then, a series of important contrasts between the typical vocational school and the school of nursing. The vocational school is run by a staff of people hired to teach. They are, most of them, professional teachers, with normal school or college backgrounds. Their chief interest lies in teaching academic subjects. They conscientiously try to study the nature of the work for which they are preparing their students and to adapt their teaching to it. They are not themselves, however, doing that work, day by day. They are only teaching it. Moreover, whatever shop or office practice they are able to provide for their students is usually artificially arranged, and carefully adapted to the students' needs. It does not, in itself, have to be done.

The nursing school is run by a staff of people most of whom are hired, not to teach, but to nurse, or to supervise and administer nursing. Whatever teaching they do must ordinarily be subordinated to nursing. There is always more work than can be done. The executives work under constant strain, and feel little temptation to add extra courses or teach unrelated academic material. The heads of the school have had little training in educational administration. They have few pedagogic theories.

Here, in fact, is probably the greatest contrast. The typical vocational school thinks a great deal about how to teach, but less about *what* to teach. The nursing school, on the other hand (in so far as work in its own hospital is concerned), knows down to minute detail what to teach, but has hardly begun to analyze the theory of teaching it. That the teaching for the most part succeeds as well as it does is probably due not to any theories the schools may have, but to the intense concentrated seriousness with which students and superintendents take their work.



Not all of the schools are equally successful. Many schools are connected with small hospitals, where there is not enough nursing to be done. If the entire hospital has, on the average, only ten patients at a time, the student is not going to meet the variety of diseases or learn the number of techniques she needs to know. Even a daily average of thirty-five patients is questionably small, yet over a quarter of the schools of the country belong to hospitals with thirty-five patients or less.

In the large hospitals there is another sort of danger. Where there are large numbers of patients and comparatively few students to do the work, the school superintendent naturally tends to adopt efficiency methods. She does what any other administrator would do—she divides her jobs into processes and assigns one worker to each process. Instead of the old fashioned and educationally valuable scheme whereby the student was assigned five patients and ordered to take complete care of all five, the busy administrator tends to assign one nurse to take all the temperatures, another to administer all the medicines, a third to carry all the trays, and so on.

This form of organization gets the work done quickly and well. It also, however, formalizes the thing. It takes away from the student her feeling of responsibility for the individual patient. If he gets well, it is not particularly her triumph. If he dies, it is not particularly her disaster. The factory method is rarely complete, of course, but in most of the large and well known schools there seems to be enough of it to form a serious educational problem.

### JOB ANALYSIS OF NURSING EDUCATION

Nursing education seems unique. Because it is unlike any of the traditional forms of education, it cannot properly be judged by the traditional tests of educational efficiency. We must not use the traditional school survey, in order to discover whether or not a nursing school is doing good work, because the survey technique has not been developed for schools of this peculiar type. We must work out a new technique, and this must be based upon a study of what good nursing service involves, and how it can be taught. This leads us to our second project, of job analysis.

Most job analysis in other vocational fields has placed its major emphasis upon trying to discover what was not at all

commonly known—the details of doing the work. The secondary emphasis has usually been upon analyzing the job of teaching them. In the nursing study it seems probable that this emphasis should be reversed. The question of what nurses have to do after graduation is important; but for private duty nurses at least—and they far outnumber all the others—many of its essential features are already known. There are huge textbooks full of instructions for the actual care of sick patients, in the ward or in the operating room, in minute and practical detail.

What the private duty nurse has to do after she is graduated, the specific tasks, that is, which she has to perform, are most of them, just about what she has to do while she is still in school.

There are some extra things she needs—as for example the ability to fit into a household, or to devise substitutes for expensive hospital equipment, or to give to men patients certain treatments which in some hospitals are always given by male orderlies. If her hospital has specialized in only a few types of work, she may need to supplement her training by experience in some other institution. Or if, in the future, society is going to demand that all nurses shall have the point of view, the knowledge of home conditions, the respect for the personality of the patient, and the desire to teach as well as to serve, which are now characteristic of “the ideal nurse” in the minds of a few far-sighted leaders and are particularly emphasized in the field of public health nursing, radical changes may perhaps be needed in her undergraduate work. Also, if the studies of supply and demand indicate any decided changes in the conditions of graduate nursing, these should be analyzed to see what preparations should be made for meeting them. It seems probable, however, that a comparatively simple study of nursing functions will yield as much material as can profitably be used by the Grading Committee.

The other part of the job analysis, however, would seem far more difficult, and of considerably greater importance. This is the analysis of the *job of teaching* nurses. Here there are as yet few textbooks, and little coherent testimony. Yet there is evidence that many nurses are improperly or inadequately taught, and there is some reason to believe that even the largest and best known schools are in danger of failing on important parts of their work.

## SIX ESSENTIAL ATTRIBUTES

Good nursing may be thought of as having six important characteristics. Simplest to teach and to understand is the characteristic of manual skill. The good nurse has learned how to move quietly and gently; how to make beds, and apply bandages, and do many other things, some of which call for nice muscular co-ordination.

When the doctor says that he wants a nurse "who knows her business and can follow orders," he probably means that he wants some one who has learned good techniques for doing things, and has practiced them so much that they are matters of habit, and she can do them whenever needed, and invariably well. It is this physical part of nursing which lends itself most readily to job analysis, and which is probably in the minds of most people when they talk of "basic nursing" which every nurse must learn.

The other five characteristics of good nursing are a little less easy to describe. Important among them is what the Spaniards call the "gift of people" and what, for want of a better word, we can call "leadership." It is the thing that enables the nurse to lead her patients to believe in the doctor and to take the doctor's orders seriously. It is the thing which makes her able to teach the patient, so that he learns not only what the doctor wants him to do, but why. It is what makes her able to get the patient to eat when he is not hungry. It is a characteristic born in or acquired by successful politicians, and salesmen, and women of "charm," and it is particularly valuable in the case of the nurse. It is probably what the doctor means when he speaks of the nurse who "knows how to handle people."

Another quality apparently essential to good nursing is the quality of persistence. It is the quality which keeps the Red Cross nurse at the scene of disaster, on duty 50, 60, 70 hours at a stretch. It is the thing which keeps doctors and nurses at the bedside, fighting desperately side by side to save the patient who they know cannot be saved—working to perform a miracle. It is what the athlete calls "the ability to punish oneself." Probably the deep underlying respect and affection between the medical and nursing professions, which although often clouded by surface irritations and misunderstandings, is nevertheless so impressive to the outsider, rests upon the mutual recognition that nurses and doctors know how to fight. They carry on.

A fourth characteristic of good nursing is the knowledge of what it is all about. The good nurse is the experienced nurse. She has seen and cared for and thought about many different sorts of people, with many different sorts of trouble. She has read books and talked with doctors and other nurses. She has a broad background of information and practice. The superintendent of a famous metropolitan hospital, handling a wide variety of cases, recently remarked, "There is an enormous difference between the two-year and the three-year nurse; and so far as I can tell the superiority of the three-year product results not from the extra classes she may have had, but from the fact that she has been given another twelve months of responsible and intensive contact with sick people. She is permeated with her subject."

The fifth characteristic is kindness—good heartedness—but of a sort which is extremely rare because it is kindness dominated by intelligence. It is a viewpoint peculiar to good nurses—what Professor E. L. Thorndike of Columbia would call a mind "set" for the patient's physical and mental well being. It is the attitude of mind which, when her post-operative patient has just dropped asleep after having received  $\frac{3}{8}$  of a grain of morphine, makes the nurse omit the morning bath and let her sleep, instead of forcibly shaking her awake again.

This "set" of the mind upon the well being of the patient is illustrated by the story of the private duty nurse who was called into an isolated Illinois farmhouse in the dead of winter to a scarlet fever case. The child patient was apparently dying of exhaustion, because she could not sleep. The mucous membrane of nose and throat had become so badly swollen that whenever she fell asleep the dried tongue stopped the child's breathing and she woke again.

The nurse, watching the child, discovered the difficulty. Wrapped in a blanket, in an unheated bedroom in zero weather, she sat all night long at the bedside with a glass of water and a medicine dropper, letting fall drop after drop of water upon the child's swollen tongue, so that the child slept peacefully all night through. That was more than kindness or sympathy. It called for endurance, but it also called for insight into what was wrong, and ingenuity as to the remedy. This type of mind "set" for the patient's physical and mental well being is probably what



nurses and doctors mean when they speak of "the art of nursing." It was described recently as characteristic of "the nurse who knows what to do—when."

Finally, perhaps the most interesting and dramatic of the qualities which make for good nursing is a kind of acute perception which gives to some nurses what seems to the outsider an uncanny ability to know what is happening to the patient. It is sometimes spoken of as "intuition," or the nurse's "sixth sense." It seems to be acquired by especially intelligent nurses, as a result of long hours of concentrated highly keyed attention to patients. These particular nurses become sensitive to extremely slight stimuli, such as scarcely perceptible changes in the color of a patient's skin, or the odor of the room, or the angle his hand makes with his wrist.

It is this extreme responsiveness to slight stimuli which makes possible this story of a ward supervisor in a maternity hospital who said, "I've sort of got so I recognize patients who are going to need watching. There was one woman—for example—I had finished my rounds and was going off duty, but I couldn't get her off my mind. I had been in to see her and she seemed all right, but I had a hunch she wasn't. So I went back for another look. And believe me, one look was enough! I simply dove under the bed clothes and grabbed her!" It was a postpartum hemorrhage. Most good nurses would have recognized such a hemorrhage after it was well started, but only the exceptional nurse, peculiarly sensitive to extremely slight stimuli, would recognize it at its onset.

Of these six characteristics, only manual skill is usually directly aimed for in training, and yet it is perhaps the least important of the series. The others are acquired in varying degrees by the more intelligent and experienced nurses, but except in a few schools they do not ordinarily come as the result of careful planning; they just happen.

If the Committee is to make a job analysis, it must form a judgment as to how important manual skill, leadership, persistence, knowledge, mind "set," and acute perception are in nursing; and it must follow this by a study of training school activities—an analysis into the processes by which students become nurses—in order to discover under what conditions these capacities develop.

It will probably be found more important, for example, that nurses should have this insight, viewpoint, and understanding of the patient than that they should have a working knowledge of how to compound drugs and why. The chemistry is important, but the other thing is probably even more important, and in recommending changes in the curriculum, to provide for the skills, book knowledges, classes, and demonstrations, which are obviously needed if the nurse is to do her job well, the Committee must be in a position, at the same time, to cherish and foster whatever it is in the training school life which cultivates these other things which are so close to the "spirit of nursing."

#### SCOPE OF SECOND STUDY

The study of job analysis, as suggested here, would be concentrated in the third and fourth years of the Committee's activity. The two preceding years, while devoted primarily to supply and demand, would, nevertheless, have gathered much preliminary material, so that at the beginning of the third, there would be at hand various working hypotheses upon which to proceed.

The study would involve a detailed inquiry into the activities of nurses at work and be supplemented by an extended and careful study of the processes of nurse education. Those parts of school life which seem to have little actual effect upon the mind and spirit of the students would be passed over lightly, but certain aspects of school procedures and administration would probably need careful attention.

The project on job analysis would lead first to much discussion and thought about the essentials (not the details of curriculum) of nursing education. Second, it should give practical help in meeting administrative and teaching problems. This help should be directed not only to nursing school superintendents and teachers, but to hospital administrators, medical staffs, and boards of trustees, in so far as their duties relate to the nursing school. Third, the project might contribute considerable material which would be available for short practical courses in training school administration. Perhaps one of the chief needs of nursing education today is for better trained superintendents, and anything which the Grading Committee could do, of a thoroughly practical nature, to help superintendents handle their jobs would seem worth working for.



At the end of the two-year period it should be possible to prepare a report, to be published in monograph form, upon the results of the study. This report would probably not go into details of curriculum. It would, however, endeavor to discuss the problems of "What is good nursing?" and "How can the schools provide the conditions and experiences which make for its favorable development?" It would suggest desirable methods for the careful revision of the curriculum by nursing leaders; and it would, also, furnish a better basis than any now at hand for knowing on what elements the effective work of a school depends and, consequently, on what points it should be graded.

### Project 3—The Grading of Schools

Many of the people who have been interested in the grading of nursing schools have had in mind the effective work in grading medical schools and hospitals carried on by the Council on Medical Education of the American Medical Association and by the American College of Surgeons. The valuable results secured by these gradings are probably due, in part at least, to certain characteristics of the methods employed. In the first place, the standards are simple to understand, and sufficiently easy of attainment so that they are within the reasonable grasp of any institution which is willing to work for them. The standards are few in number, so that it is possible for the institution to concentrate its energies upon an unpretentious program. And, finally, the standards are so selected that each is a potential source of strength.

It is, for example, a relatively easy matter for any hospital to have staff conferences. It is probable that in some cases those conferences at the beginning were not particularly well administered; but somehow it is good for people to get together to talk over their work, and there is something about the very act of doing so which sets people thinking. The staff conference even when adopted as a formality in order to secure a better rating, has, time after time, become an essential part of hospital procedure. Similarly, with the other items which were chosen for grading by the two organizations. Any one of them might, at the beginning, be less effective than what was intended, but once adopted, there was good chance that it would grow in value.

## PROPOSED METHOD OF GRADING

The grading plan which is tentatively proposed for the Committee on the Grading of Nursing Schools would have similar characteristics. It would start with simple standards, easy of attainment, and few in number, and, in so far as possible, each standard would be potentially valuable. It is suggested, however, that, since what is wanted is not so much the actual marking of the schools as it is the stimulating of schools to do increasingly better work and to think with increasing interest and clearness about nursing education, a single grading would be less effective than some regularly repeated method of reaching all the schools every year, so that no good school would feel that it could rest upon its laurels and no poor school would feel that its one chance to redeem its name had gone forever.

## FACTS—NOT OPINIONS

The data on which the schools are graded should be matters of fact, instead of opinion. This is a practical necessity. The reason is that questions of fact can be verified. They are not open to argument, because they will appear the same to each observer. If, for example, the school is graded upon the educational preparation of its teachers, the question is one of fact. Two years of high school or no high school at all are facts which can be verified. If, on the other hand, the question concerns the influence of the teacher on the students, it at once becomes a matter of opinion, and in case of disagreement, there is no way in which the Grading Committee can prove that the opinion of its investigator is superior to the opinion of the director of the school.

Moreover, it is desired to grade every school once a year for five years, since five gradings, at yearly intervals, will be far more effective than one. There are probably about 2,300 schools to be graded each year. To make an individual visit, thorough enough to serve for so serious a thing as the grading of a school on the basis of opinion, takes time. Assuming two days for each case, which is probably much too small an allowance, it would require a force of 20 or more workers, full time in the field, to make the rounds.

These visitors would have to be of much finer calibre than the ordinary field worker. If the schools feel that their professional future rests upon the unsupported opinion of a woman who spends

only two days studying them, they will require proof that she is competent. In talking with hospital people about gradings which have been made on the basis of visits by field visitors, one is impressed with the concentrated venom sometimes evoked by the memory of the unfortunate visitors. One director of a famous hospital, for example, reported how "The young whipper snapper comes into my office and assumes that he knows more about my business than I do." Part of the irritation against state examiners of nursing schools is expressed by "What made *her* think she knew enough to judge us?" Wherever field workers are charged with inspection they run the danger of arousing antagonism, even though their observations may be accurate, and their judgments fair and wise.

If the aim of grading is to arouse enthusiastic cooperation, it would seem wise to be cautious about the use of visitors; and where some visitation seems unavoidable and where it must deal with questions of opinion, to secure nationally known women to do it. Judgments made by visitors whom the victims acknowledge as of higher professional standing than themselves, will ordinarily be accepted with fair grace. The work of the school surveyor is of great importance, and has great possibilities of helpfulness. For purposes of grading, however, it seems the part of wisdom to base comparative ranks upon items of definitely ascertainable fact, which can be verified without expert assistance, and can be reported to the Grading Committee either by the schools themselves or by local or state authorities.

Whether it will be possible to rely entirely upon the questionnaire method in securing data for ranking depends first upon the skill with which the questionnaire is devised, and second upon the intelligence and experience of the training school people who are asked to fill it out. It is rather likely that for at least part of the work it will be found necessary to employ representatives to go to the schools not to make inspections, but to explain what is wanted on the questionnaire, and to assist the head of the training school in deciding on the correct answers. This work might be done by nurses on the staff of the Grading Committee, or by local nurses who could be secured on a temporary basis to assist the Committee for this purpose within their own states. The cost of such additional local service is difficult to predict until some experiments have been made. In the proposed budget it has been

estimated as \$5,000 each year, or a total of \$25,000. This is included as part of the sum under the item of "field workers."

### THE SPIRAL CONE PLAN

It is suggested, then, that the schools be graded once a year for five years, and that the grading scheme be something like an inverted spiral cone. Starting at the bottom, the first year, the grading would be on a very few points, and easily within reach. The next year there would be more points, and they would be slightly more difficult. The third year the standards would again be raised and their number increased, and so on, working spirally upwards and outwards as it is found that the schools are themselves lifting and broadening. It is believed that the spiral cone plan is the most painless and effective method for raising the average standing of schools.

### GRADE BY COMPARATIVE RANK

It is suggested that the grades be given not in terms of so many per cent or of arbitrary a, b, c, and the like, but that, rather, a school's standing be stated in terms of how it compares with other schools. It would probably be more significant to a board of trustees to learn that nine-tenths of the schools in the country have a shorter working week than they do, than it would to learn that on length of working week their school is marked "D." The board of trustees probably does not much care what a group of people, sitting at their desks in New York, think about its working week. It would, however, probably react most vigorously to the discovery that it has a worse record than any other school in the state. The competitive instinct is a powerful lever for improving conditions. It would seem good policy to utilize it by adopting the ranking method for grading.

Moreover, if ranks are used—if, that is, grades are always stated in terms of how the school compares with other schools—and if the process is repeated from year to year, there need be no arbitrary statement of perfection. There is no need to define a "Grade A" school. The average school this year may have a fifty-six hour week, but next year the average may have dropped to fifty-two. A school which wants always to be above the average must continue to do better, all the time. As conditions improve in some of the schools, the ranking method automatically raises the



standards for all the others without any arguments from headquarters.

#### INCLUDE ALL SCHOOLS

It is suggested that the grading include as many schools as possible. There are probably about 2,300 schools in the country, and while at first many of them may be hesitant about joining, it should eventually be possible to secure returns from almost all. It takes very little more work to reach most of the schools than only a few, and the results are far more significant. If the precedent can be established that every school, as a matter of course, answers the questionnaires of the Grading Committee, the influence of the Committee will be enormous—far beyond anything which could result from grading, say, two or three hundred of the most cooperative schools.

#### FULL BUT CAREFUL PUBLICITY

It is suggested that gradings be made each year and that each year returns be given full and carefully planned publicity. Just what form this publicity should take is a matter to be decided later. Perhaps the wise decision will be, at the outset at least, to publish in newspapers and magazines comparative standings, by states; but not to print details as to individual schools. Each school could then be sent a confidential report, showing its own standing.

The publication of returns by states would have considerable news value, and it is probable that space could be secured in the leading newspaper of each city. The result would be a wave of popular interest in the local nursing schools which would be highly salutary. At the same time, however, the individual school would be protected from the storm of criticism sure to be leveled against it if its low standing were publicly known.

Later, as the schools begin to show improvement, it might be well to announce that all schools having a grade above a certain level would be announced by name. Since the effectiveness of the whole grading plan depends in large measure upon the amount and type of publicity which is given the project, this question must be reviewed with care.

#### FIVE YEARS OF GRADING

In outlining the five-year program it is hoped to make each project contribute to the others. As the projects on Supply and



Demand and Job Analysis develop, it is expected that the details of the grading plan will become increasingly clear.

The grading suggested for our program would lead to immediate results. The first grades would be reached in the fall of this coming year. They would cover as nearly as possible all the schools in the country, but would deal with only a few basic elements. Each year thereafter a similar grading would be published. The purpose of this work would be, not to set up a final standard list, but rather to stimulate all the schools towards improving their work, to educate the hospital trustees in their thinking about nursing education, and to awaken public interest to the need for supporting nursing schools. The grading would be not an end in itself, but rather a useful tool for securing improved conditions in the schools. As part of the work of grading, there would also be gathered a large amount of supplementary information about what the schools are doing. This information would be published each year as soon as it could be gathered and digested.

At the beginning of the fifth year, the Committee should have enough material at hand so that it can begin to formulate its final report. This monograph would be in three parts: first, the fifth gradings, together with a review of the progress made since the first gradings five years earlier; second, a statement of the basis for grading and the educational philosophy involved; and third, a plan for a permanent grading committee, which should continue at regular, although perhaps not quite so frequent, intervals, the grading of schools of nursing.

#### TO SUMMARIZE

This memorandum suggests that the work of the Committee on the Grading of Nursing Schools be considered as lasting for five years, with a total budget of approximately \$200,000, and concentrating upon three main projects.

The first project would be a study of the supply and demand for nursing service. It would be carried on for two years, and would culminate with the publication of a monograph. The project would cost approximately \$42,000.

The second project—an analysis of the nature of good nursing service and how it can be supplied by nursing schools—would receive special attention in the third and fourth years, and would

lead to another monograph, at the end of the fourth year. The cost of this project would be approximately \$72,000.

The third project would be a study of existing facilities, and the actual grading of nursing schools. It would call for yearly reports and publications, each a trifle more elaborate than the preceding, and would end in the fifth year with concentrated study, and a final monograph report. The cost of the grading project would be about \$86,000.

The yearly output is planned about as follows:

a. *Within one year*

First grading—published study of comparative standings of all schools on a few basic points.

Publication of additional statistical material showing what the schools are like.

Publication of first returns on study of nursing shortage.

b. *Within two years*

Second gradings—showing progress schools have made since first gradings.

Additional facts on school administration.

Full study and printed monograph report on the problem of the nursing shortage, based upon the experience not only of nurses, but of doctors, hospital administrators, public health workers, and patients during the same period. Report to include studies of local experiments with hourly nursing, group nursing, and modernized registries.

c. *Within three years*

Third gradings—showing progress schools have made since first grading.

Preliminary articles and pamphlets on problems of school administration.

d. *Within four years*

Fourth gradings—showing progress schools have made since first grading.

Full study and printed monograph report or reports on

(1) What nurses are being called upon to do after graduation, and how these demands will probably develop.

(2) How nursing schools are actually run.

(3) What effects existing administrative and teaching methods are having upon the growth of students.

(4) What changes are probably needed to meet demands on the profession.

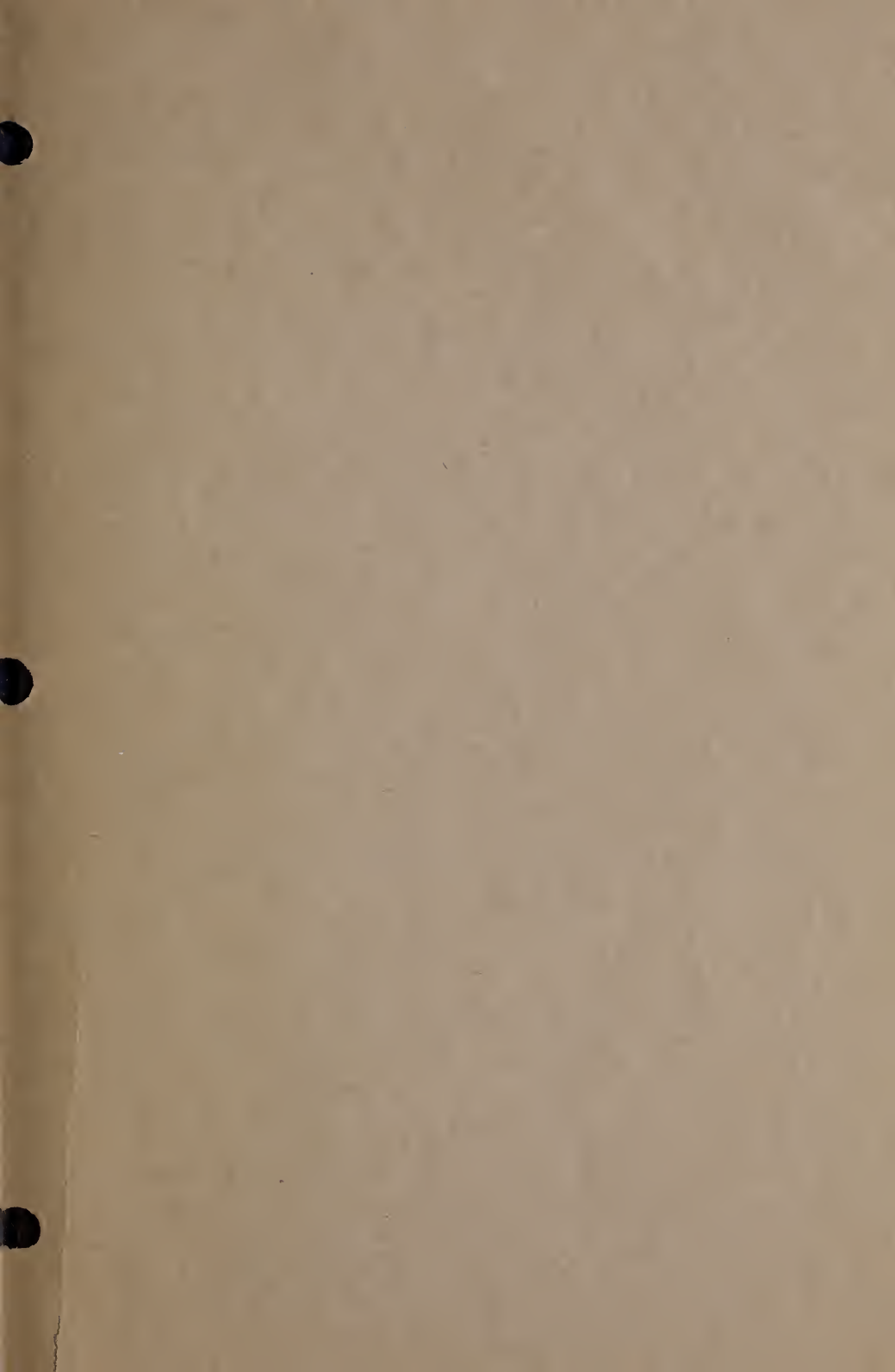
(5) Typical problems faced by Boards of Trustees and Educational Committees; by Hospital Superintendents; by Nursing School Superintendents;

and by Teachers and Supervisors; and methods successfully used for meeting them.

e. *Within five years*

Fifth gradings—in full monograph report, showing progress over five years' interval; with estimate of value of method, and plans for permanent grading body, if that seems desirable.

Full summary of work of Grading Committee; its findings; its resulting educational philosophy; and its recommendations for the future.









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